

| REPORTS INVENTORY | | | | CONTROL NO. |
|---|--|----------|---|--|
| PREPARE IN DUPLICATE | | | | |
| 1. TITLE OF REPORT (if a fill-in report include Form No.) Estimate of Medical Exams to OMS | | | | 2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING |
| 3. FUNCTIONAL AREA | <input checked="" type="checkbox"/> PERSONNEL | TRAINING | | ADMIN. GENERAL |
| | LOGISTICS | SECURITY | | OTHER (specify) |
| | MEDICAL | FINANCE | | |
| 4. NO. OF COPIES PREPARED 4 | 5. FREQUENCY (weekly, monthly, quarterly, etc.) monthly | | 6. DISTRIBUTION (No. of components not number of copies) 2 | |
| 7. FORMAT (memorandum, form computer print-out, etc.) memorandum | 8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT OMS | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) DDS/OP/SPD/PSB | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Estimate taken from workload. | | | |

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

| GRADE | HOURLY RATE | X HOURS PER REPORT | = COST PER REPORT | X TIMES PREPARED | = COST PER YEAR |
|----------------------|-------------|--------------------|-------------------|------------------|-----------------|
| GS-04 to GS-12 | \$5.00 | 2 | \$10.00 | 12 | \$120.00 |

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Assist OMS in preparing for Medical Exams for new employees coming on duty.

14. FUTURE GOALS

| GOAL PROPOSED BY COMPONENT FOR THIS REPORT | | | ESTIMATED SAVINGS | |
|--|--------------|-----------------|-------------------|---------|
| | RETAIN AS IS | OTHER (explain) | MAN-HOURS | DOLLARS |
| | CHANGE | | | |
| | DISCONTINUE | | | |

| 16. DATE OF INVENTORY | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION | 18. EXTENSION |
|-----------------------|---|---------------|
| 9/21/70 | | |